The Committee had to undertake lengthy hearings of witnesses who appeared before it as well as had several meetings to assess the evidence placed before it. The evidence was lengthy and long, many legal , issues are involved which have to be carefully assessed before the Committee's Report can be finalised. It is, however, expected that the Report will be submitted to the Government soon.

Percentage of total Budget on Education

2740. SHRIMATI KANAK MUKHERJEE; Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether Government is considering to enhance the percentage of total budget to be spent on education; and

(b) if not, the reasons therefor?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI L. P. SHAHI); (a) While every effort is made to provide maximum possible funds for education, it is subject to the overall availability of resources and requirement of education sector among other sectors of development.

(b) Does not arise.

Losses of Air India due tO P.Ms. Foreign Visits

2741. SHRI ARANGIL SREEDHARAN: Will the Minister of CTVIL AVIATION AND TOURISM be pleased to state:

(a) whether it is a fact that arrangements made for the journeys of Prime Minister abroad has caused loss to Air India exchequer; and

(b) if so, what is the break up of the quantum of loss during the last three years ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA); (a) and (b); There is no loss to Air India on account of the arrangements made for the journeys of the Prime Minister abroad because the net revenue l°ss is included in the charter price. The net revenue loss due to cancellation of flights on account of the journeys of the Prime Minister durihg the last three years is indicated below:—

(Rs. in lacs)

Year	Loss of Revenue
1985	12500
1986	129-00
1987	34.20

Irregularities in Multi Drug Treatment Programme

2742. SHRI HARVENDRA SINGH HANSPAL; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether some irregularities in implementation of multi-drug treatment programme for leprosy have been brought to the notice of Government;

(b) if so, what are the details of the irregularities so revealed;

(c) by when this scheme is likely to be implemented; and

(d) what are the reasons for not effectively implementing the scheme so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b)

Comptroller and Auditor General has made certain observations in Ihe implementation of MDT by States/UTs. The details of the irregularities pointed out and our comments thereon are given in the enclosed statement. *(See* belowe.

(c) and (d) The scheme of MDT was started in 1982-83. The MDT programme is designed to be implemented in a phased manner taking district as a Unit. So far 69 endemic districts have been covered under this Scheme. The Programme is being implemented effectively.

Statement

Observations made bv *C&AG in Implementation of the programme and action taken thereof*

Observations made by C&AG.	Action Taken
1. Slow progress of MDT in Purulia District of.West wengal.	This was the first district taken for MDT as pilot project basis. Thus the initial progr mmes was slow. Initially it was decided not to cover Paus bacilarry (PB) cass with MDT. However, with the experience gained it wes thought proper to extend the benefit of MDT to PB cases also. Subsequently such cases were covered by MDT. MDT in a district is extended in a phased manner. Thus, at any given times some cases will remain uncovered till the teams reach these areas. The experience and strategy of MDT implemetnation gained in the District have been utinsed in extension of MDT to other districts.
2. Irregular MDT in Kamaraja Nagar *(Karnataka) and unsupervised MDT in* J&K.	The Kamaraja Nagar in Karnataka and J&K State are not covered under MDT district project. However, the States have been advised to treat Dapsona resistant cases on MDT and provide regul r treatment to such cases through existing health staff. The above States have been informed of the findings of CAG an to ensure regular treatment to such cases.
3. Introduction of MDT in Allepy district of Kerala which is now endemic compared to other districts in the State.	The District of Alepy also endemic for leprosy with prevelence over 5 per 1000 population. This district had completed infrastructure and the staff was trained. Thus, it was given priority over other endemic districts in the State. The State has since been requested to prepare the Palaghat and Trichur also for launching of MDT.
4. The Varanasi district of U.P. out of 30174 patients identified for MDT upto May, 1987 only 23999 patients had taken regular treatment.	MDT is implemented in a phased manner to ensure regularity and compliance of treatment. Till the time of the audit report only 24000 cses could be covered The balance cases have since been covered.
5. Non-starting of MDT in drug district (M. P.) inspite of availability of reources.	This district during preparatory phase stock loneer difficulties as the creation of acquate infrastructure posting of staff, training status could not be completed. However, now intensive phase of MDT has been launched in the district with effect from 30.6 1987.